

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
May 24, 2002 8:00 am
Secretary of State
05-24-2002 91385 011 ***150.00

DOCUMENT # PO1 000057863 ✓
1. Entity Name
LeDonett Enterprises, Inc. dba Pop-A-Lock

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
Tallahassee, Florida
Suite, Apt. #, etc.

3. Mailing Address
P.O. Box 14859
Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State
Tallahassee, FL
Zip
32309
Country
USA

City & State
Tallahassee, FL
Zip
32317
Country
USA

4. FEI Number
65-1109639
Applied For
☐ Not Applicable
5. Certificate of Status Desired ☐ **\$8.75** Additional Fee Required

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name
James F. Barnett
Street Address (P.O. Box Number is Not Acceptable)
3760 Longchamps Circle
City
Tallahassee, FL FL Zip Code
32309

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE James F. Barnett 4/29/02
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so.
(See criteria on back) ☐

January 1 - May 1. Fee is \$150.00
After May 1, Fee is \$550.00
Amended UBR is \$61.25
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. ☐ **\$5.00** May Be Added to Fees

11. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	<u>President</u> <u>Jim Barnett</u> <u>3760 Longchamps Circle</u> <u>Tallahassee, FL 32309</u>	TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<u>Vice President</u> <u>Robert LeBlanc III</u> <u>7240 Vickers Lane</u> <u>Mobile, AL 36685</u>	TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<u>Secretary</u> <u>Sean C. Donovan</u> <u>335 Finchley Ave</u> <u>Baton Rouge, LA 70806</u>	TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<u>Office Manager</u> <u>Kim Barnett</u> <u>3760 Longchamps Circle</u> <u>Tallahassee, FL 32309</u>	TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP		TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP		TITLE NAME STREET ADDRESS CITY - ST - ZIP	

**DO NOT WRITE
IN THIS SPACE**

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or on an attachment with an address, with all other like empowered.

SIGNATURE: Kimberly M. Barnett Kimberly M. Barnett 4/29/02 (850) 224 6736
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034B (12/01)